

---

**By: Senators Bromwell, Young, Dorman, and Madden**

Introduced and read first time: January 22, 1996

Assigned to: Finance

---

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 28, 1996

---

CHAPTER \_\_\_\_

1 AN ACT concerning

2 ~~Experimental Medical Care Disclosure Act~~ Task Force on Emerging Medical and  
3 Surgical Treatments

4 FOR the purpose of ~~requiring certain health insurers to establish a certain process to~~  
5 ~~follow when evaluating emerging medical and surgical treatments for the purpose of~~  
6 ~~making coverage and payment decisions; requiring certain health insurers to make~~  
7 ~~certain disclosures to certain providers, enrollees, and prospective enrollees under~~  
8 ~~certain circumstances; specifying the provisions of the process; requiring certain~~  
9 ~~health insurers to identify certain local clinical experts to assist the health insurer in~~  
10 ~~evaluating emerging medical and surgical treatments; requiring certain health~~  
11 ~~insurers to file a certain report with the Insurance Commissioner; specifying the~~  
12 ~~contents of the report; prohibiting certain health insurers from preventing providers~~  
13 ~~from disclosing certain information to enrollees; prohibiting certain health insurers~~  
14 ~~for certain purposes from conditioning the payment of the salary of an employee or~~  
15 ~~provider on the number or kind of health care services denied to enrollees;~~  
16 ~~specifying the application of this Act; authorizing the Insurance Commissioner to~~  
17 ~~adopt regulations; defining certain terms; and generally relating to requiring certain~~  
18 ~~health insurers to establish and follow a certain process when evaluating emerging~~  
19 ~~medical and surgical treatments for the purpose of making certain coverage and~~  
20 ~~payment conditions~~ establishing a Task Force on Emerging Medical and Surgical  
21 Treatments; specifying the membership of the Task Force; providing for the  
22 termination of this Act; and generally relating to emerging medical and surgical  
23 treatments.

24 ~~BY adding to~~

25 ~~Article 48A—Insurance Code~~

26 ~~Section 490FF~~

27 ~~Annotated Code of Maryland~~

2

1 ~~(1994 Replacement Volume and 1995 Supplement)~~

2 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
3 MARYLAND, That the Laws of Maryland read as follows:

4 ~~Article 48A – Insurance Code~~

5 ~~490FF.~~

6 ~~(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS~~  
7 ~~INDICATED:~~

8 ~~(2) "CARRIER" MEANS:~~

9 ~~(I) AN INSURER;~~

10 ~~(II) A NONPROFIT HEALTH SERVICE PLAN;~~

11 ~~(III) A DENTAL PLAN ORGANIZATION; OR~~

12 ~~(IV) ANY PERSON OR ENTITY ACTING AS A THIRD PARTY~~  
13 ~~ADMINISTRATOR.~~

14 ~~(3) "CONTRACT" MEANS ANY WRITTEN AGREEMENT BETWEEN A~~  
15 ~~PROVIDER AND A CARRIER FOR THE PROVIDER TO RENDER HEALTH CARE~~  
16 ~~SERVICES TO ENROLLEES OF THE CARRIER.~~

17 ~~(4) "DIAGNOSTIC SERVICES" MEANS ANY MEDICAL OR SURGICAL~~  
18 ~~SERVICE OR PROCEDURE THAT ALLOWS A PROVIDER TO IDENTIFY OR DIAGNOSE A~~  
19 ~~HUMAN DISEASE OR DISORDER.~~

20 ~~(5) "ENROLLEE" MEANS ANY PERSON ENTITLED TO HEALTH CARE~~  
21 ~~BENEFITS FROM A CARRIER.~~

22 ~~(6) "HEALTH CARE SERVICES" MEANS A HEALTH OR MEDICAL CARE~~  
23 ~~PROCEDURE OR SERVICE RENDERED BY A PROVIDER THAT:~~

24 ~~(I) PROVIDES TESTING, DIAGNOSIS, OR TREATMENT OF A HUMAN~~  
25 ~~DISEASE OR DYSFUNCTION; OR~~

26 ~~(II) DISPENSES DRUGS, MEDICAL DEVICES, MEDICAL APPLIANCES,~~  
27 ~~OR MEDICAL GOODS FOR THE TREATMENT OF A HUMAN DISEASE OR~~  
28 ~~DYSFUNCTION.~~

29 ~~(7) (I) "PROVIDER" MEANS A PERSON OR ENTITY LICENSED,~~  
30 ~~CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS~~  
31 ~~ARTICLE OR THE HEALTH – GENERAL ARTICLE TO PROVIDE HEALTH CARE~~  
32 ~~SERVICES.~~

33 ~~(II) "PROVIDER" INCLUDES:~~

34 ~~1. A HEALTH CARE FACILITY;~~

35 ~~2. PHARMACY;~~

36 ~~3. PROFESSIONAL SERVICES CORPORATION;~~

3

1 4. PARTNERSHIP;

2 5. LIMITED LIABILITY COMPANY;

3 6. PROFESSIONAL OFFICE; OR

4 7. ANY OTHER ENTITY LICENSED OR AUTHORIZED BY LAW  
5 TO PROVIDE OR DELIVER PROFESSIONAL HEALTH CARE SERVICES THROUGH OR  
6 ON BEHALF OF A PROVIDER.

7 (8) "THERAPEUTIC SERVICES" MEANS ANY MEDICAL OR SURGICAL  
8 SERVICE OR PROCEDURE THAT A PROVIDER CAN USE TO TREAT A HUMAN DISEASE  
9 OR DISORDER.

10 (B) (1) THIS SECTION APPLIES TO ANY CARRIER THAT PROVIDES HEALTH  
11 CARE SERVICES TO ENROLLEES OR OTHERWISE MAKES HEALTH CARE SERVICES  
12 AVAILABLE TO ENROLLEES THROUGH CONTRACTS WITH PROVIDERS.

13 (2) THIS SECTION DOES NOT AFFECT THE RIGHT OF AN ENROLLEE TO  
14 APPEAL ANY ADVERSE DECISION BY A CARRIER THROUGH THE CARRIER'S APPEALS  
15 PROCESS.

16 (C) (1) A CARRIER SHALL DISCLOSE TO PROVIDERS, ENROLLEES, AND  
17 PROSPECTIVE ENROLLEES THE CARRIER'S DEFINITION OF "EXPERIMENTAL  
18 MEDICAL CARE", AS REQUIRED UNDER PARAGRAPH (2) OF THIS SUBSECTION.

19 (2) THE CARRIER SHALL DISCLOSE THE DEFINITION IN:

20 (I) CONTRACTS OFFERED TO PROVIDERS THAT MAY RENDER  
21 DIRECT HEALTH CARE SERVICES TO THE ENROLLEES OF THE CARRIER; AND

22 (II) MARKETING MATERIALS AND ENROLLMENT MATERIALS OF  
23 THE CARRIER THAT ARE PROVIDED TO CURRENT ENROLLEES AND PROSPECTIVE  
24 ENROLLEES.

25 (3) THE DEFINITION SHALL INCLUDE THE GENERAL CRITERIA AND  
26 PROCESS THAT THE CARRIER FOLLOWS FOR INDIVIDUAL ENROLLEES OR FOR THE  
27 ENTIRE ENROLLED POPULATION IN EVALUATING WHETHER EMERGING MEDICAL  
28 AND SURGICAL TREATMENTS WILL BE COVERED OR PAID FOR BY THE CARRIER.

29 (4) THE DEFINITION SHALL BE BINDING ON THE CARRIER, ENROLLEES,  
30 AND PROVIDERS FOR THE PURPOSE OF RESOLVING DISPUTES THAT ARISE OVER  
31 WHETHER A MEDICAL OR SURGICAL TREATMENT IS OR IS NOT EXPERIMENTAL,  
32 AND THEREFORE, COVERED AND PAID FOR BY THE CARRIER.

33 (D) (1) EACH CARRIER SHALL ESTABLISH A SYSTEMATIC, SCIENTIFIC  
34 PROCESS TO FOLLOW FOR EVALUATING EMERGING MEDICAL AND SURGICAL  
35 TREATMENTS TO ENSURE THAT PROVIDERS AND ENROLLEES HAVE ACCESS TO THE  
36 LATEST APPROPRIATE TREATMENTS.

37 (2) THE PROCESS SHALL INCLUDE:

38 (I) ONGOING ANALYSES BY THE MEDICAL DIRECTOR OF THE  
39 CARRIER AND THE MEDICAL POLICY STAFF OF THE CARRIER OF PUBLISHED,

~~1 PEER-REVIEWED MEDICAL LITERATURE, AND THE FINDINGS AND PUBLICATIONS  
2 OF STATE AND FEDERAL AGENCIES; AND~~

~~3 (II) ONGOING DIALOGUE WITH EXPERTS IN THE LOCAL MEDICAL  
4 COMMUNITY FOR THE PURPOSE OF EVALUATING WHETHER NEW MEDICAL OR  
5 SURGICAL TREATMENTS HAVE BECOME AN APPROPRIATE STANDARD OF CARE FOR  
6 SPECIFIED HUMAN DISEASES OR DISORDERS.~~

~~7 (3) (I) THE CARRIER SHALL IDENTIFY LEADING LOCAL CLINICAL  
8 EXPERTS IN RECOGNIZED MEDICAL AND SURGICAL SPECIALTIES AND  
9 SUBSPECIALTIES FOR THE PURPOSE OF HAVING THE CLINICAL EXPERTS PROVIDE  
10 THE CARRIER WITH DIALOGUE ON AND ANALYSES OF THE STATUS OF EMERGING  
11 MEDICAL AND SURGICAL TREATMENTS.~~

~~12 (II) THE CLINICAL EXPERTS SHALL BE DRAWN FROM:~~

~~13 1. THE UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE;~~

~~14 2. THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE;~~

~~15 3. THE NATIONAL INSTITUTES OF HEALTH;~~

~~16 4. LOCAL PROVIDERS WHO ARE GENERALLY RECOGNIZED  
17 AS AUTHORITATIVE RESOURCES ON CERTAIN HUMAN DISEASES AND DISORDERS;  
18 AND~~

~~19 5. LOCAL CHAPTERS OF MEDICAL AND SURGICAL  
20 SPECIALTY SOCIETIES AND PROFESSIONAL ASSOCIATIONS, AS RECOGNIZED BY THE  
21 AMERICAN BOARD OF MEDICAL SPECIALTIES AND THE U.S. COUNCIL ON MEDICAL  
22 SPECIALTIES.~~

~~23 (4) THE LOCAL CLINICAL EXPERTS IDENTIFIED BY THE CARRIER SHALL  
24 BE:~~

~~25 (I) ACTIVELY INVOLVED IN THE PROVISION OF DIRECT HEALTH  
26 CARE SERVICES TO PATIENTS WITH THE HUMAN DISEASES OR DISORDERS BEING  
27 EVALUATED WHETHER OR NOT THE PATIENTS ROUTINELY TREATED BY THE  
28 PROVIDER ARE ENROLLEES OF THE CARRIER;~~

~~29 (II) BOARD-CERTIFIED IN THE PERTINENT OR APPROPRIATE  
30 SPECIALTY OR SUBSPECIALTY AREA; AND~~

~~31 (III) GENERALLY RECOGNIZED BY THEIR PEERS TO BE  
32 AUTHORITATIVE RESOURCES IN THE CLINICAL AREA BEING EVALUATED, AS  
33 EVIDENCED BY FACULTY APPOINTMENTS, AUTHORSHIP OF A SIGNIFICANT BODY OF  
34 PEER-REVIEWED CLINICAL LITERATURE IN THE RELEVANT SPECIALTY AREA, AND  
35 A DEMONSTRATED HISTORY OF LEADERSHIP IN LOCAL, STATE, AND NATIONAL  
36 PROFESSIONAL ASSOCIATIONS AND NONPROFIT PATIENT AND COMMUNITY  
37 ADVOCACY ORGANIZATIONS THAT ADDRESS THE DISEASES AND SPECIALTY AREAS  
38 IN QUESTION.~~

~~39 (5) THE CARRIER SHALL IDENTIFY THE LOCAL CLINICAL EXPERTS  
40 WITH WHOM IT CONSULTS:~~

1                   ~~(I) UPON THE REQUEST OF AN ENROLLEE, PROVIDER, OR STATE~~  
2 ~~OFFICIAL; AND~~

3                   ~~(II) ANNUALLY IN ITS DISCLOSURE FILING WITH THE~~  
4 ~~COMMISSIONER.~~

5                   ~~(6) THE CARRIER SHALL DISCLOSE IN ITS FILING WITH THE~~  
6 ~~COMMISSIONER ANY HONORARIA OR OTHER FEES PAID TO CLINICAL EXPERTS FOR~~  
7 ~~THEIR SERVICES.~~

8                   ~~(E) A CARRIER'S DECISION TO PAY FOR EMERGING MEDICAL AND SURGICAL~~  
9 ~~TREATMENTS SHALL RESULT FROM THE CONSENSUS OF OPINION FROM ITS OWN~~  
10 ~~ANALYSIS AND THE KNOWLEDGE PROVIDED TO THE CARRIER FROM LOCAL~~  
11 ~~CLINICAL EXPERTS.~~

12                   ~~(F) (1) EACH CARRIER AND THE LOCAL CLINICAL EXPERTS IDENTIFIED BY~~  
13 ~~THE CARRIER SHALL JOINTLY DECIDE THE APPROPRIATE PATIENT SELECTION~~  
14 ~~CRITERIA FOR EMERGING MEDICAL AND SURGICAL TREATMENTS FOR THE~~  
15 ~~CARRIER'S AND THE LOCAL EXPERT'S REVIEW AND FOR WHICH COVERAGE AND~~  
16 ~~PAYMENT IS EXTENDED.~~

17                   ~~(2) A CARRIER MAY USE THE PATIENT SELECTION CRITERIA AND~~  
18 ~~OTHER GUIDELINES JOINTLY AGREED ON WITH THE LOCAL CLINICAL EXPERTS TO~~  
19 ~~APPROVE OR DENY COVERAGE AND PAYMENT FOR EMERGING MEDICAL AND~~  
20 ~~SURGICAL TREATMENTS FOR ENROLLEES.~~

21                   ~~(G) (1) A CARRIER'S MEDICAL DIRECTOR AND MEDICAL POLICY STAFF~~  
22 ~~MAY NOT MAKE COVERAGE AND PAYMENT DECISIONS ON LIFESAVING EMERGING~~  
23 ~~MEDICAL AND SURGICAL TREATMENTS WITHOUT FIRST CONSULTING THE LOCAL~~  
24 ~~CLINICAL EXPERTS IDENTIFIED BY THE CARRIER.~~

25                   ~~(2) WHENEVER A CARRIER'S MEDICAL DIRECTOR OR MEDICAL POLICY~~  
26 ~~STAFF AND THE LOCAL CLINICAL EXPERTS IDENTIFIED BY THE CARRIER DISAGREE~~  
27 ~~ON COVERAGE AND PAYMENT DECISIONS, THE OPINION OF THE LOCAL CLINICAL~~  
28 ~~EXPERTS SHALL PREVAIL.~~

29                   ~~(3) A CARRIER SHALL HAVE THE RIGHT TO REEVALUATE AREAS OF~~  
30 ~~DISPUTE BETWEEN THE CARRIER AND THE IDENTIFIED LOCAL CLINICAL EXPERTS~~  
31 ~~ANNUALLY TO DETERMINE WHETHER SCIENTIFIC ADVANCES WARRANT A CHANGE~~  
32 ~~IN THE CARRIER'S COVERAGE AND PAYMENT POLICY FOR EMERGING MEDICAL~~  
33 ~~AND SURGICAL TREATMENTS.~~

34                   ~~(H) (1) EACH YEAR EACH CARRIER SHALL FILE WITH THE COMMISSIONER~~  
35 ~~A DETAILED REPORT ON ALL THE CLINICAL AREAS AND DIAGNOSTIC AND~~  
36 ~~THERAPEUTIC SERVICES THAT WERE EVALUATED IN CONSULTATION WITH LOCAL~~  
37 ~~CLINICAL EXPERTS IDENTIFIED BY THE CARRIER DURING THE PAST YEAR.~~

38                   ~~(2) THE REPORT SHALL INCLUDE:~~

39                   ~~(i) A SUMMARY DESCRIPTION OF EACH CLINICAL ISSUE OR~~  
40 ~~DIAGNOSTIC OR THERAPEUTIC SERVICE THAT WAS EVALUATED;~~

1                   ~~(II) FOR EACH DIAGNOSTIC OR THERAPEUTIC SERVICE, A~~  
2 ~~SUMMARY OF THE FINDINGS OF THE CARRIER AND THE LOCAL CLINICAL EXPERTS~~  
3 ~~FROM THE REVIEW OF PUBLISHED, PEER-REVIEWED MEDICAL LITERATURE;~~

4                   ~~(III) FOR EACH DIAGNOSTIC OR THERAPEUTIC SERVICE, A~~  
5 ~~SUMMARY OF THE OPINIONS OF THE LOCAL CLINICAL EXPERTS ON WHETHER THE~~  
6 ~~DIAGNOSTIC OR THERAPEUTIC SERVICE IS CONSIDERED A STANDARD OF CARE FOR~~  
7 ~~THE LOCAL COMMUNITY;~~

8                   ~~(IV) THE NAMES AND AFFILIATIONS OF EACH LOCAL CLINICAL~~  
9 ~~EXPERT WHO WORKED WITH THE CARRIER TO EVALUATE THE DIAGNOSTIC OR~~  
10 ~~THERAPEUTIC SERVICE AND THE FEES OR HONORARIA, IF ANY, THE EXPERT WAS~~  
11 ~~PAID;~~

12                   ~~(V) THE NAMES AND TITLES OF EACH OF THE CARRIER'S~~  
13 ~~EMPLOYEES WHO EVALUATE EMERGING MEDICAL AND SURGICAL TREATMENTS TO~~  
14 ~~DETERMINE WHETHER THESE SERVICES OR PROCEDURES SHOULD BE COVERED~~  
15 ~~AND PAID FOR BY THE CARRIER;~~

16                   ~~(VI) THE NAMES AND AFFILIATIONS OF ANY OUTSIDE~~  
17 ~~CONSULTANTS WHO WORKED WITH THE MEDICAL POLICY STAFF OF THE CARRIER~~  
18 ~~DURING THE PAST YEAR TO EVALUATE WHETHER EMERGING MEDICAL AND~~  
19 ~~SURGICAL TREATMENTS SHOULD BE COVERED BY AND PAID FOR BY THE CARRIER;~~  
20 ~~AND~~

21                   ~~(VII) THE NAMES OF EACH STATE AND FEDERAL AGENCY AND~~  
22 ~~EACH FOR PROFIT OR NONPROFIT ORGANIZATION, TRADE GROUP, OR~~  
23 ~~TECHNOLOGY COUNCIL THAT CONTRIBUTED TO THE CARRIER'S EVALUATION OF~~  
24 ~~EMERGING MEDICAL AND SURGICAL TREATMENTS TO DETERMINE WHETHER~~  
25 ~~THESE TREATMENTS SHOULD BE COVERED AND PAID FOR BY THE CARRIER.~~

26                   ~~(3) THE COMMISSIONER SHALL:~~

27                   ~~(I) MAKE EACH CARRIER'S REPORT AVAILABLE TO THE PUBLIC~~  
28 ~~FOR INSPECTION AND REVIEW; AND~~

29                   ~~(II) PROVIDE A COPY OF A CARRIER'S REPORT TO ANY PERSON~~  
30 ~~UPON REQUEST IN A TIMELY MANNER AND AT A REASONABLE COST TO THE~~  
31 ~~PERSON.~~

32                   ~~(I) A CARRIER MAY NOT CONDITION THE SALARY OR BONUS OF AN~~  
33 ~~EMPLOYEE OR CONTRACTED PROVIDER ON THE NUMBER OR KIND OF HEALTH~~  
34 ~~CARE SERVICES THE EMPLOYEE OR CONTRACTED PROVIDER DENIES TO AN~~  
35 ~~ENROLLEE FOR THE PURPOSE OF SAVING MONEY FOR THE CARRIER OR TO MEET~~  
36 ~~THE FINANCIAL GOALS OF THE CARRIER.~~

37                   ~~(J) A CARRIER MAY NOT PREVENT A PROVIDER IT EMPLOYS OR A PROVIDER~~  
38 ~~WITH WHICH THE CARRIER CONTRACTS TO RENDER HEALTH CARE SERVICES TO~~  
39 ~~ENROLLEES FROM:~~

7

1                   ~~(1) PROVIDING ENROLLEES WITH FULL AND OPEN DISCLOSURE OF ALL~~  
2 ~~THE DIAGNOSTIC OR THERAPEUTIC SERVICES THAT MAY BE APPROPRIATE FOR THE~~  
3 ~~ENROLLEE'S PARTICULAR DISEASE OR DYSFUNCTION;~~

4                   ~~(2) PROVIDING ENROLLEES WITH INFORMATION ON WHETHER THE~~  
5 ~~CARRIER COVERS AND PAYS FOR EMERGING MEDICAL AND SURGICAL~~  
6 ~~TREATMENTS AND THE BASIS FOR THE CARRIER'S POSITION; AND~~

7                   ~~(3) INFORMING ENROLLEES OF:~~

8                   ~~(I) THE PROCESS THAT THE CARRIER IS REQUIRED TO ESTABLISH~~  
9 ~~AND FOLLOW UNDER THIS SECTION IN EVALUATING EMERGING MEDICAL AND~~  
10 ~~SURGICAL TREATMENTS FOR THE PURPOSE OF DETERMINING WHETHER THE~~  
11 ~~TREATMENTS WILL BE COVERED AND PAID FOR BY THE CARRIER; AND~~

12                   ~~(II) INFORMATION THAT THE CARRIER IS REQUIRED TO DISCLOSE~~  
13 ~~AS REQUIRED UNDER THIS SECTION.~~

14                   ~~(K) (1) WHENEVER A CARRIER CONSULTS WITH OTHER CONSULTANTS OR~~  
15 ~~ORGANIZATIONS OTHER THAN THE LOCAL CLINICAL EXPERTS IDENTIFIED BY THE~~  
16 ~~CARRIER IN SUBSECTION (D) OF THIS SECTION TO EVALUATE EMERGING MEDICAL~~  
17 ~~OR SURGICAL TREATMENTS FOR THE PURPOSE OF DETERMINING WHETHER THE~~  
18 ~~TREATMENTS SHOULD BE COVERED AND PAID BY THE CARRIER, THE CARRIER~~  
19 ~~SHALL DISCLOSE IMMEDIATELY THE NAMES, AFFILIATIONS, AND ADDRESSES OF~~  
20 ~~THESE PERSONS TO THE COMMISSIONER AND THE LOCAL CLINICAL EXPERTS~~  
21 ~~IDENTIFIED BY THE CARRIER IN THE PERTINENT CLINICAL AREA.~~

22                   ~~(2) THE INFORMATION REQUIRED TO BE DISCLOSED IN PARAGRAPH (1)~~  
23 ~~OF THIS SUBSECTION SHALL BE MADE AVAILABLE TO AN ENROLLEE UPON THE~~  
24 ~~REQUEST OF THE ENROLLEE TO THE COMMISSIONER OR THE CARRIER.~~

25                   ~~(3) IN ADDITION TO THE INFORMATION REQUIRED TO BE DISCLOSED~~  
26 ~~UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE CARRIER SHALL PROVIDE THE~~  
27 ~~FEES OR SALARIES, IF ANY, PAID BY THE CARRIER TO EACH CONSULTANT OR~~  
28 ~~ORGANIZATION.~~

29                   ~~(L) THIS SECTION DOES NOT APPLY TO ANY COSMETIC OR MEDICALLY~~  
30 ~~UNNECESSARY SERVICE OR PROCEDURE THAT TYPICALLY WOULD BE EXCLUDED~~  
31 ~~FROM COVERAGE BY THE CARRIER OR OTHER CARRIERS THAT ISSUE OR DELIVER~~  
32 ~~CONTRACTS OR POLICIES OF HEALTH INSURANCE IN THE STATE.~~

33                   ~~(M) EACH CARRIER SHALL INCLUDE IN SUMMARY FORM INFORMATION ON~~  
34 ~~THE PROCESS THAT THE CARRIER IS REQUIRED UNDER THIS SECTION TO~~  
35 ~~ESTABLISH AND FOLLOW IN EVALUATING EMERGING MEDICAL AND SURGICAL~~  
36 ~~TREATMENTS FOR THE PURPOSE OF MAKING COVERAGE AND PAYMENT DECISIONS~~  
37 ~~IN:~~

38                   ~~(1) THE MARKETING AND ENROLLMENT MATERIALS OF THE CARRIER~~  
39 ~~TO EACH CURRENT ENROLLEE AND PROSPECTIVE ENROLLEE AT THE TIME OF OPEN~~  
40 ~~ENROLLMENT OR RENEWAL; AND~~

1           ~~(2) THE CONTRACT OR AN ATTACHMENT TO THE CONTRACT OF A~~  
2 ~~PROVIDER BEING OFFERED A CONTRACT BY THE CARRIER TO RENDER HEALTH~~  
3 ~~CARE SERVICES TO ENROLLEES OF THE CARRIER.~~

4           ~~(N) AFTER NOTICE AND AN OPPORTUNITY FOR A HEARING, A CARRIER THAT~~  
5 ~~VIOLATES THIS SECTION IS SUBJECT TO A CIVIL FINE OF \$10,000 FOR A FIRST~~  
6 ~~VIOLATION AND \$25,000 FOR EACH SUBSEQUENT VIOLATION.~~

7           ~~(O) THE COMMISSIONER MAY ADOPT REGULATIONS TO CARRY OUT THIS~~  
8 ~~SECTION.~~

9           (a) The Governor shall convene a Task Force on Emerging Medical and Surgical  
10 Treatments to:

11           (1) Study insurance coverage of emerging medical and surgical treatments;

12           (2) Examine the processes by which health insurance carriers evaluate  
13 emerging medical and surgical treatments for coverage;

14           (3) Determine whether and what form of State intervention in health  
15 insurers' processes is appropriate;

16           (4) Determine appropriate disclosure of processes for evaluating emerging  
17 medical and surgical treatments for health insurance coverage;

18           (5) Evaluate the need for State intervention in communications between  
19 health care providers and consumers regarding emerging medical and surgical treatments;  
20 and

21           (6) Review any other issues the Task Force considers appropriate pertaining  
22 to insurance coverage of emerging medical and surgical treatments.

23           (b) The Task Force shall consist of the following members:

24           (1) Two members of the Senate of Maryland, appointed by the President of  
25 the Senate;

26           (2) Two members of the House of Delegates of Maryland, appointed by the  
27 Speaker of the House;

28           (3) One representative of the University of Maryland Medical School,  
29 appointed by the Governor;

30           (4) One representative of The Johns Hopkins University Medical School,  
31 appointed by the Governor;

32           (5) One representative of the National Institutes of Health, appointed by  
33 the Governor;

34           (6) One representative of the health insurance industry, appointed by the  
35 Governor;

36           (7) One representative of a national nonprofit health maintenance  
37 organization, appointed by the Governor;

1                   (8) The Secretary of Health and Mental Hygiene, or the Secretary's  
2 designee;

3                   (9) The Maryland Insurance Commissioner, or the Commissioner's  
4 designee; and

5                   (10) Two members of the public, appointed by the Governor.

6                   (c) The Governor shall select a Chairman of the Task Force, from among its  
7 members.

8                   (d) The Task Force shall report its findings and recommendations to the  
9 Governor and subject to § 2-1312 of the State Government Article, the General Assembly  
10 by November 1, 1996.

11                   SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
12 ~~October~~ July 1, 1996. It shall remain effective for a period of 1 year and, at the end of  
13 June 30, 1997, with no further action required by the General Assembly, this Act shall be  
14 abrogated and of no further force and effect.